

# ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: AIG Private Client Group, American International Insurance Company  
 NAIC Number: 012-32220  
 Name of Advisory Organization Whose Filing You are Referencing N/A  
 Co. Affiliation to Advisory Organization: Member \_\_\_\_\_ Subscriber \_\_\_\_\_ Service Purchaser \_\_\_\_\_  
 Reference Filing #: 05-HO-AR-011R Proposed Effective Date: 7/25/05

Contact Person: Timothy Carney  
 Signature: *Timothy Carney*  
 Telephone No: 212-770-5730

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Homeowners	N/A	-14.0%	N/A	N/A	N/A	N/A	N/A
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%) rotate(-45deg);"> <p><b>FILED</b> DEC 01 2005 ARKANSAS CASUALTY INSURANCE DEPT.</p> </div> </div>							
TOTAL OVERALL EFFECT							

N Apply Lost Cost Factors to Future Filings? (Y or N)  
4.4% Estimated Maximum Rate Increase for any Arkansas Insured (%)  
-38.5 Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

						Selected Provisions	
		5 Year History					
Year	Policy Count	Rate Change History % Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	
2004	28	- -	103	104	101%	49%	A. Total Production Expense 20%
2003	18	- -	58	0	0%	61%	B. General Expense 7%
2002	4	- -	6	0	0%	42%	C. Taxes, License & Fees 3%
2001	0	- -	0	0	0%	0%	D. Underwriting Profit & Contingencies 7%
2000	0	- -	0	0	0%	0%	E. Other (explain) 0%
						F. TOTAL	37%